

Name  
in  
Full

Robert Abell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

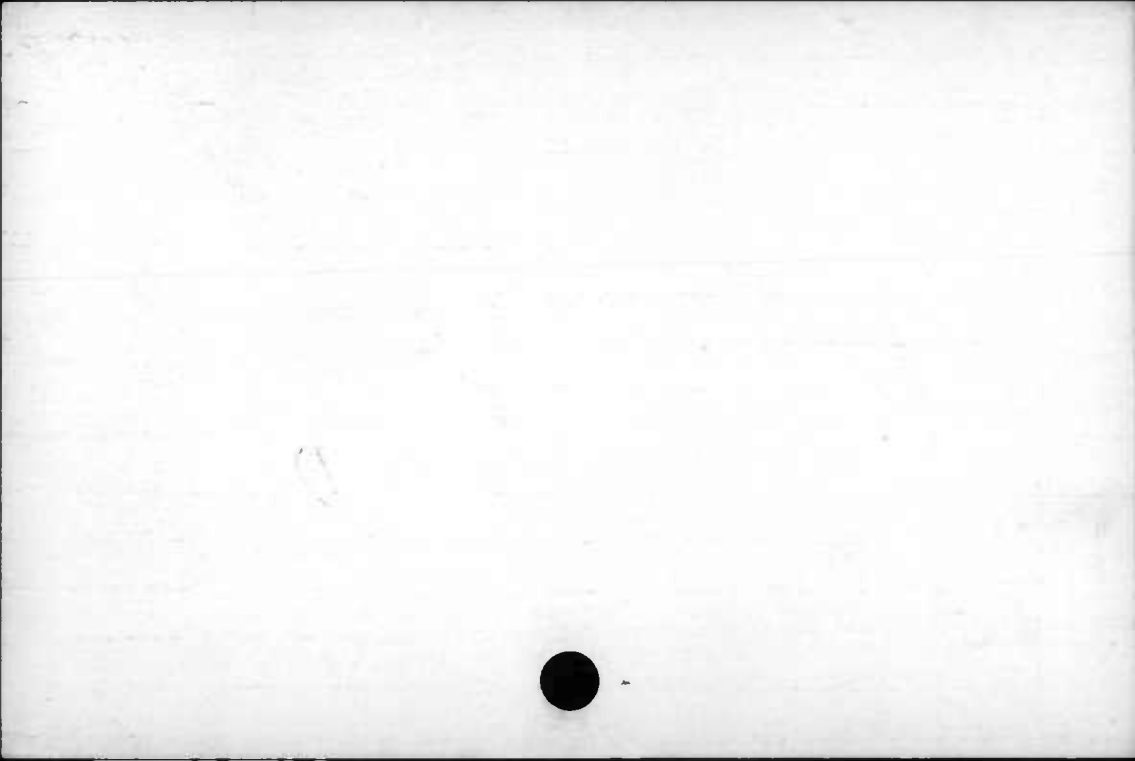
Died at		Town <i>Fernandston</i>		County <i>St Marys</i>		MARYLAND	
Date of death		Month <i>7 May</i>	Day <i>24</i>	Years <i>17</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>St Marys, Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Jackson B. Abell</i>			Father's Birthplace <i>St Marys, Md.</i>				
Mother's Maiden Name <i>Ertell Guy</i>			Mother's Birthplace <i>St 11 11</i>				
Name of person giving information <i>Jennie V. V. V.</i>			How related to deceased <i>none</i>				

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>15 yrs</i>
Immediate	<i>Exhaustion from repeated convulsions</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Greenwell</i>	
		Address <i>Fernandston</i>	
Accident or Suicide?			



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## CERTIFICATE OF DEATH

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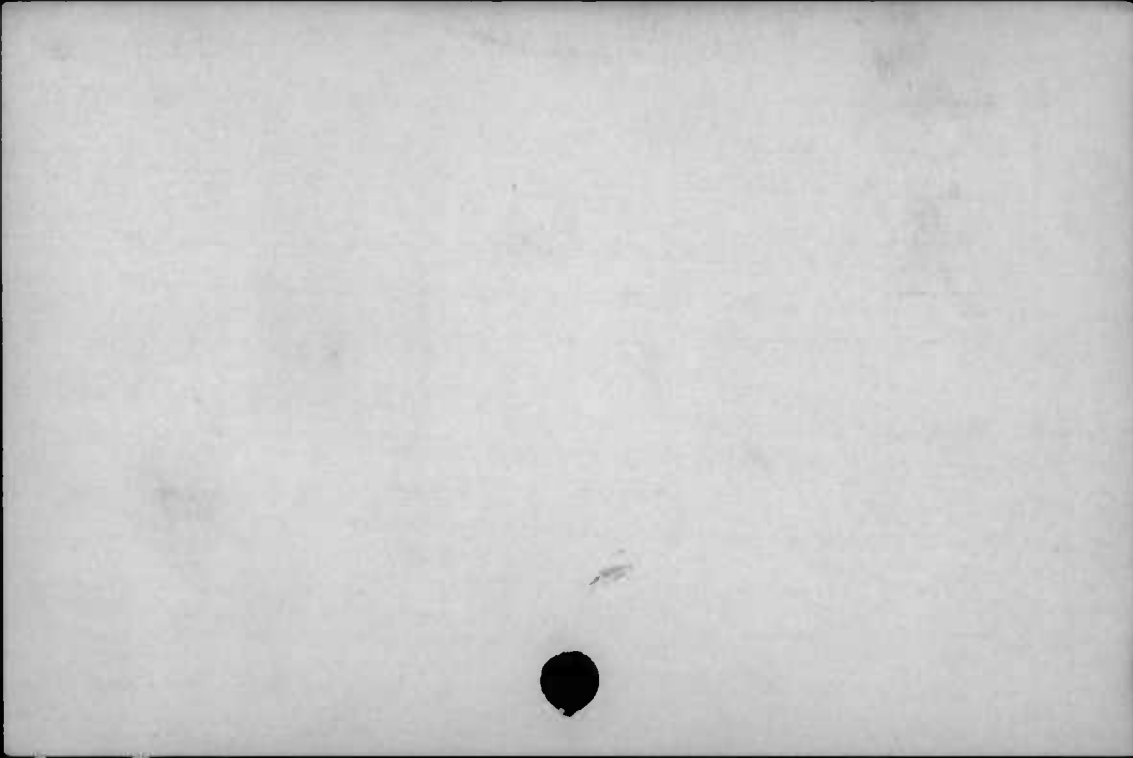
Name in Full <i>John H. Branson</i>		Town <i>Loreville</i>		County <i>St. Marys</i>		MARYLAND	
Died at <i>Loreville</i>		Month <i>May</i>		Day <i>6</i>		Years <i>71</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>6</i>		Age <i>71</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta Branson</i>					
Father's Name <i>Sandy Branson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Charlotte Cooper</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>B. Love</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Johnson</i>
	Address <i>Morganza</i>
Accident or Suicide?	



Name  
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Full

Anne Burroughs

## CERTIFICATE OF DEATH

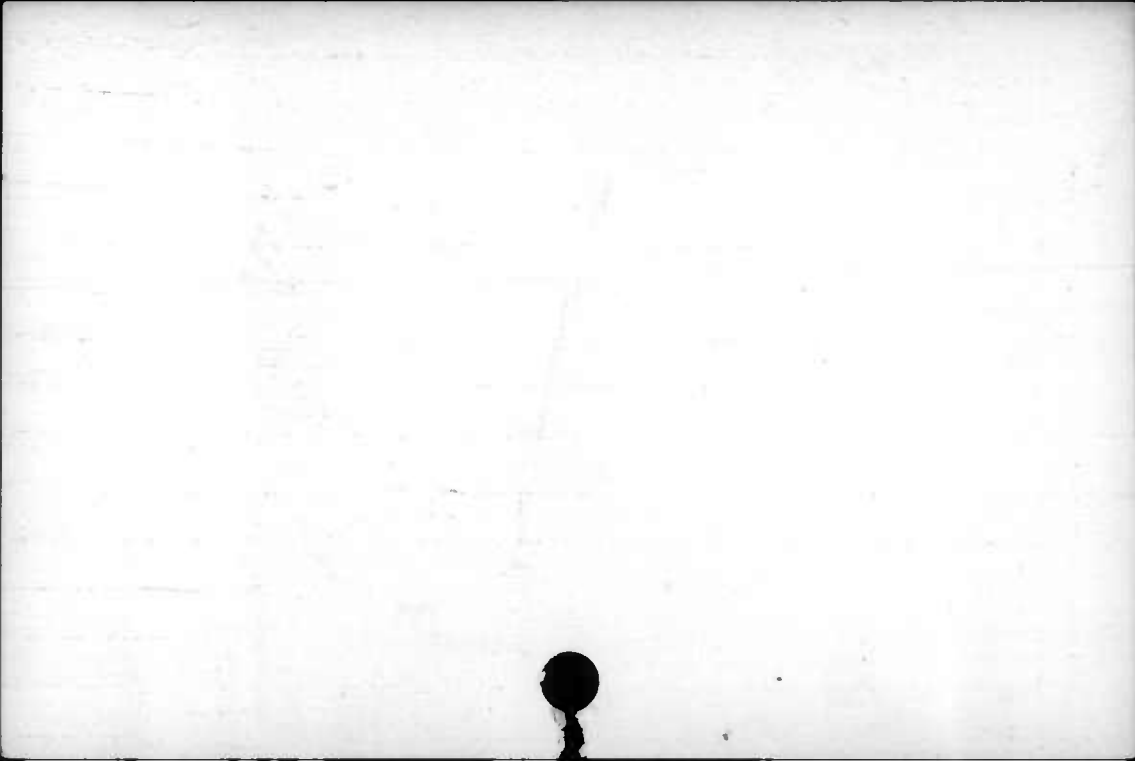
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Oraville		County St. Marys		MARYLAND	
Date of death	1907	Month May	Day 16	Age	65	Years	Months Days
Sex	Female		Color or Race	White		Birth- place	St. Mary's Co.
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wilson Burroughs					Father's Birthplace	St. Mary's Co.
Mother's Maiden Name	Rachel Burroughs					Mother's Birthplace	Maryland
Name of person giving information	Henry Burroughs					How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	How long	Four years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jack. R. Morgan
		Address	Mechanicsville, Md
Accident or Suicide?			



Name  
in  
Full

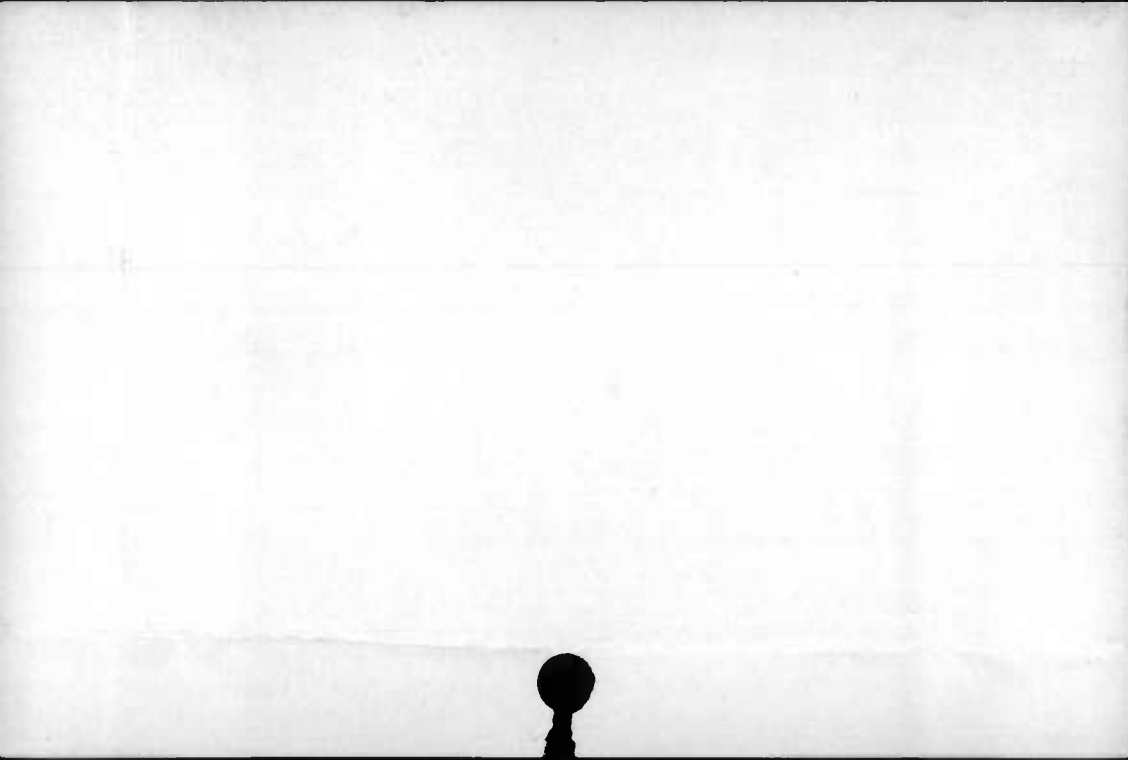
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lehighville		County Sh. Mary's		MARYLAND	
Date of death		1907	Month May	Day 30th	Age 76	Months	Days
Sex Female		Color or Race White		Birth-place Sh. Mary's			
Occupation Housewife		Where Residing if not at place of death Sh. Mary's					
Married, Single or Widowed Single		Name of Wife or Husband Rosa Evans					
Father's Name John A. Bell		Father's Birthplace Sh. Mary's					
Mother's Maiden Name Susan A. Bell		Mother's Birthplace Sh. Mary's					
Name of person giving information Alice Price		How related to deceased Daughter					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Asilra	(97)	How long	Severely Sick
	Immediate	Damn		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Henry Richardson	
	Accident or Suicide?			Address Lehighville Md	



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Estelle Draywell

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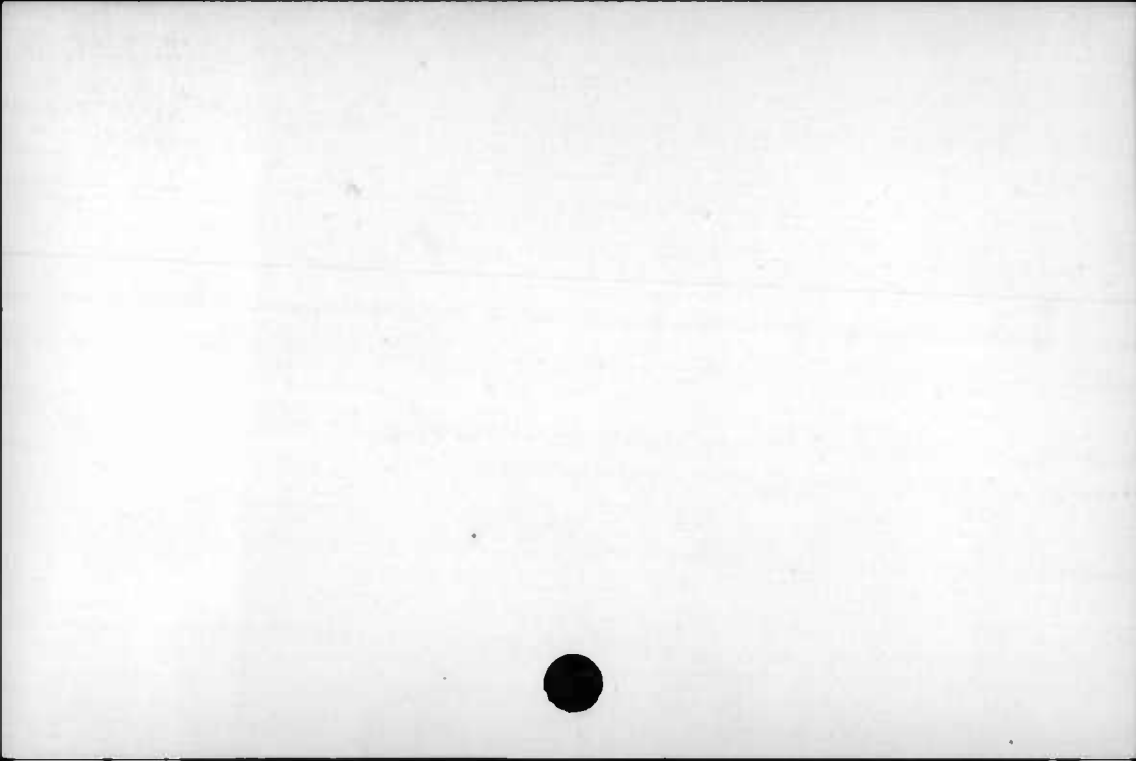
Died at <i>Bridge</i> Town		<i>St. Mary's</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>May</i>	Day <i>28</i>	Age <i>18</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Bridge</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Benjamin Draywell</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Sousie Courtney</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Rena Bean</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. H. Lloyd</i>
<i>Obtained from slip of paper</i>	Address <i>Bridge Ind.</i>
Accident or Suicide?	



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Lillian Rebecca Gibson

## CERTIFICATE OF DEATH

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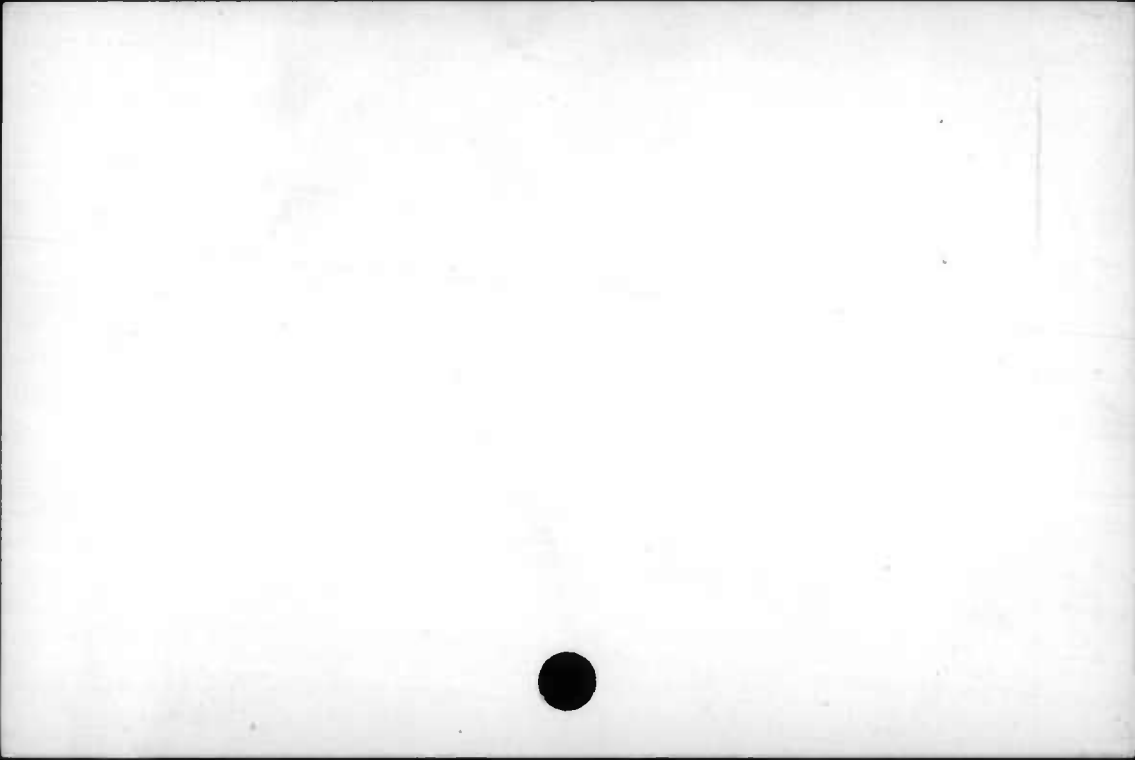
Died at <i>Hubertown</i>		Town		<i>St. Marys</i>		County	
Date of death <i>1907</i>		Month <i>5</i>		Day <i>23</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>und</i>		Months <i>4</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		MARYLAND	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>James H. Gibson</i>		Father's Birthplace <i>und</i>	
Mother's Maiden Name <i>May Hill</i>		Name of person giving information <i>James H. Gibson</i>		Mother's Birthplace <i>und</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>enteritis</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Rollin V. Palmer</i>	
		Address <i>Palmer</i>	
Accident or Suicide?		<i>und</i>	



Name  
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## CERTIFICATE OF DEATH

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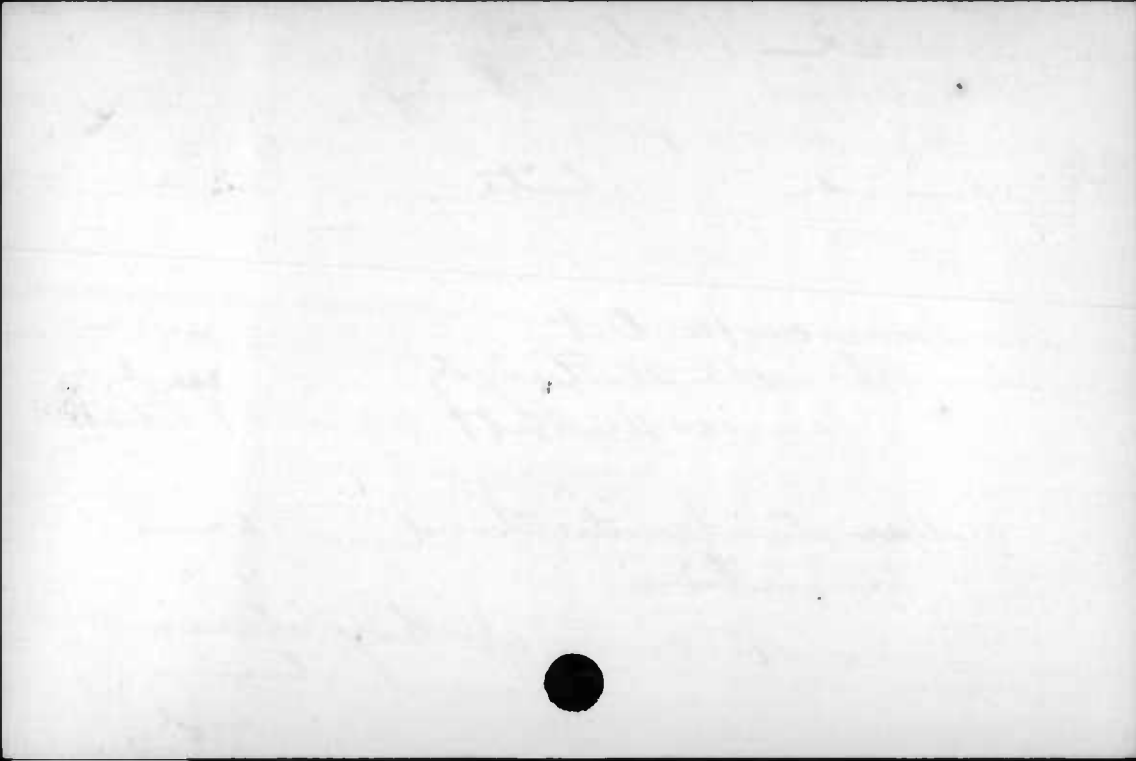
Died at		Town Scotland		County St. Mary's		MARYLAND	
Date of death		1907	Month May	Day 1	Age Years 15	Months	Days
Sex Female		Color or Race Colored		Birth- place Md			
Occupation Domestic		Where Residing if not at place of death Scotland					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Benjamin Handy		Father's Birthplace Md.					
Mother's Maiden Name Lizzie Turner		Mother's Birthplace Md.					
Name of person giving Information Lizzie Handy		How related to deceased Mother					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	Bright's acute Exhaustion	How long 4 mos.
Immediate		How long 12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. H. Lloyd
Accident or Suicide?		Address Ridge Md.



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Grace H. Hubert*

Town *Palmer* County *St. Mary's* MARYLAND

Died at *Palmer*

Date of death *1907* Month *5* Day *8* Age *—* Years *—* Months *6* Days *—*

Sex *Female* Color or Race *white* Birth-place *ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Frances Hubert* Father's Birthplace *ind*

Mother's Maiden Name *Blanche Mattingly* Mother's Birthplace *ind*

Name of person giving information *Frances Hubert* How related to deceased *Father*

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary *Malformation of mouth & throat* How long *6 years*

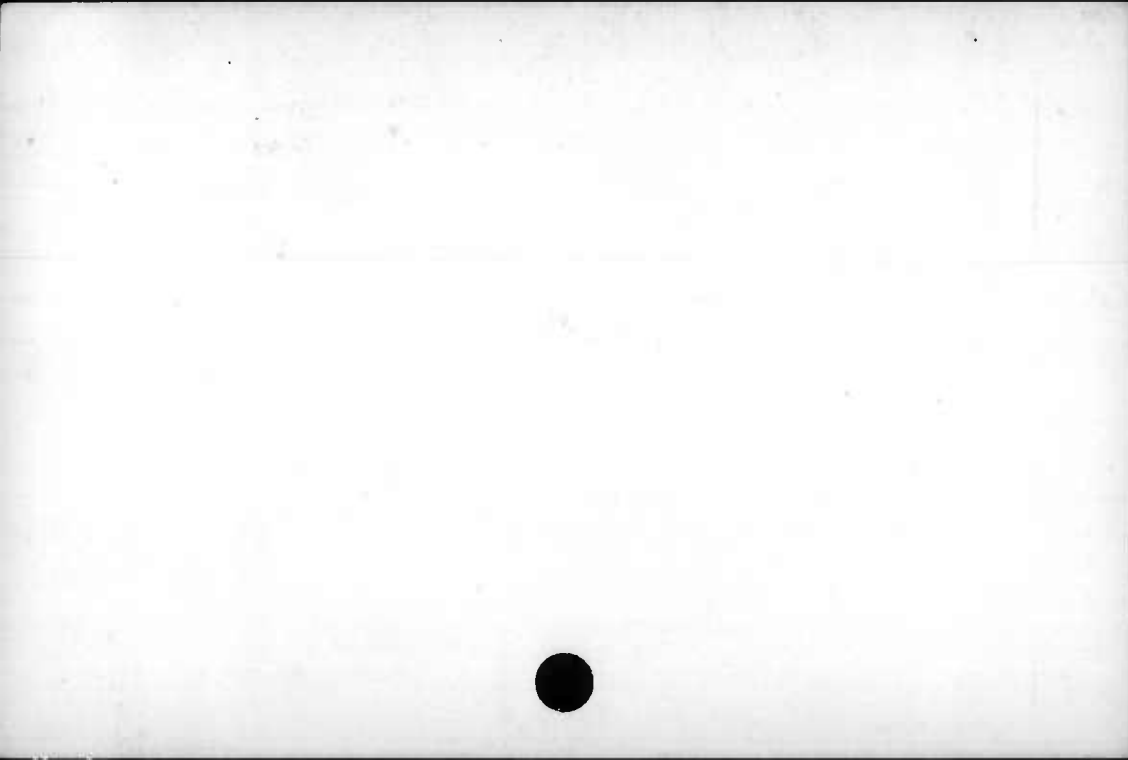
Immediate *Starvation* How long *6 "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. V. Palmer*

Address *Palmer*

Accident or Suicide? *ind*



Name  
in  
Full

## CERTIFICATE OF DEATH

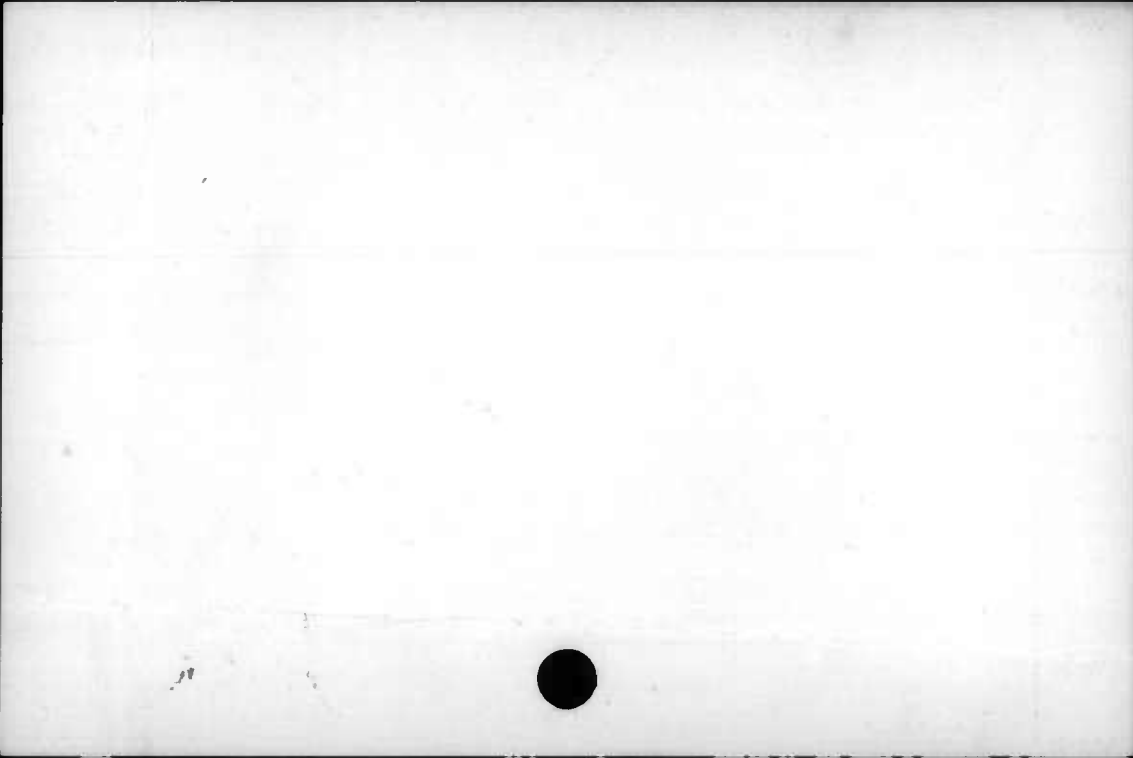
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>California</i>		County <i>St. Marys</i>		MARYLAND	
Date of death		190	7	Month <i>May</i>	Day <i>30</i>	Age <i>48</i>	Years <i>48</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth place <i>California</i>			
Occupation <i>House-wife</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Daniel Johnson</i>					
Father's Name <i>William Lawrence</i>		Father's Birthplace <i>California</i>					
Mother's Maiden Name <i>Matilda Lawrence</i>		Mother's Birthplace <i>California</i>					
Name of person giving information <i>Daniel Johnson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

(4)

Primary	<i>Malarial Fever</i>	How long	<i>Four weeks</i>
Immediate	<i>Malarial Fever.</i>	How long	<i>Six days.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>A. L. Hodgdon</i>	
Address		<i>Pearson</i>	
Accident or Suicide?			



Name  
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Henrietta Johnson

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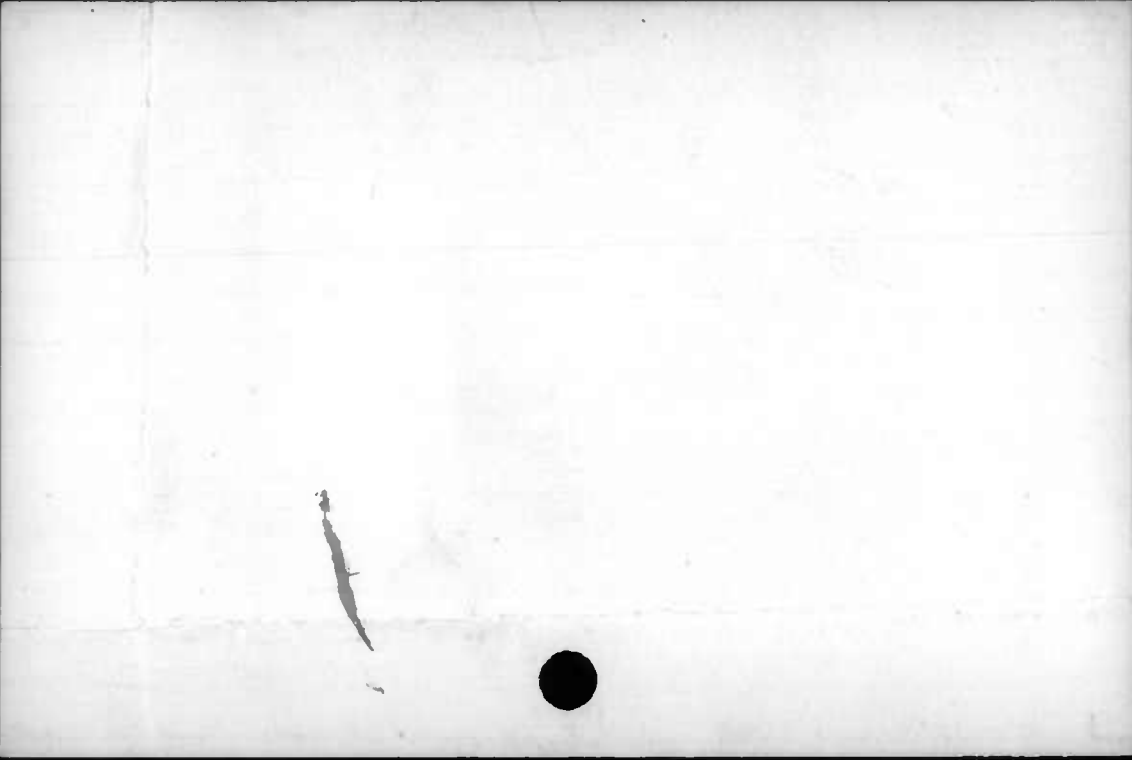
Died at		Susquehanna		St. Mary's		MARYLAND	
Date of death		1907	May	9th	Age	38	
Sex		Female		Color or Race		W. I.	
Occupation		Servant		Where Residing if not at place of death		St. Mary's	
Married, Single or Widowed		Single		Name of Wife or Husband		Henrietta Johnson	
Father's Name		Tom Johnson		Father's Birthplace		St. Mary's	
Mother's Maiden Name		Henrietta Johnson		Mother's Birthplace		St. Mary's	
Name of person giving information		Lem. Johnson		How related to deceased		Husband	

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	Face resuscitating in Abdomen	How long	
Immediate	Dehydration	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Henry Richardson	
Address		Great Mills, Md.	
Accident or Suicide?			



Name  
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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

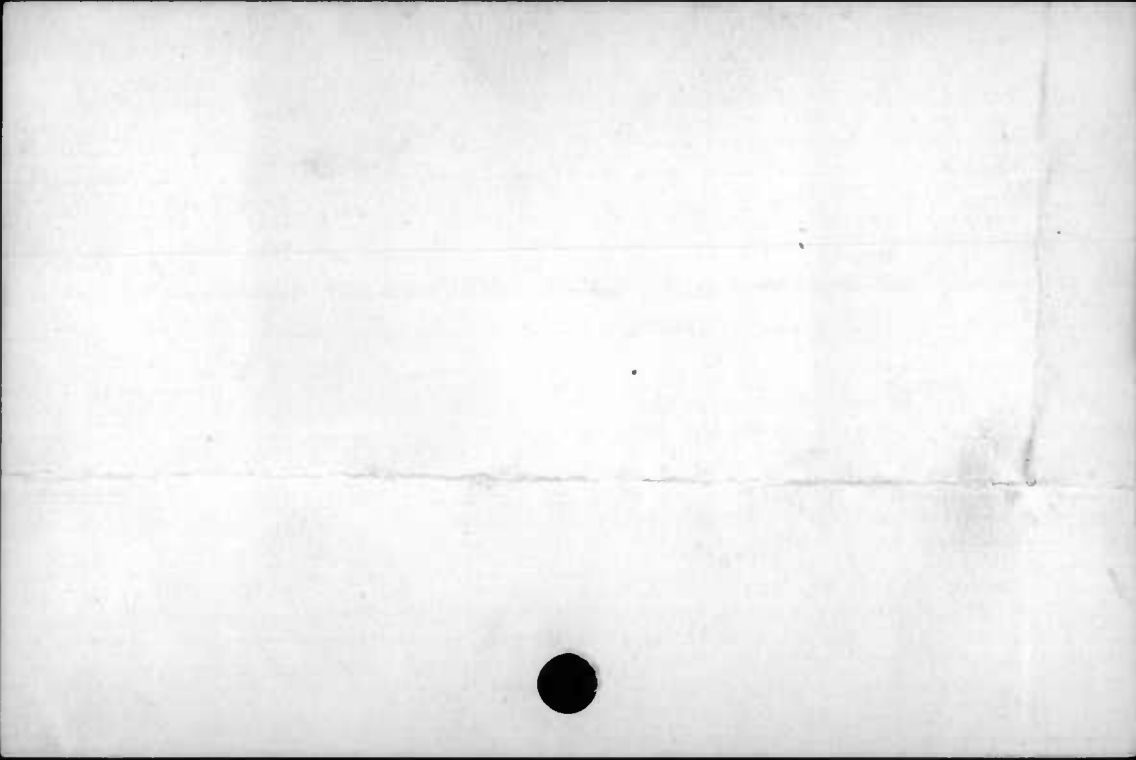
Died at <i>Oakley</i> <sup>Town</sup>		<i>St. Marys</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>May</i> <sup>Day</sup>	<i>23</i> <sup>Years</sup>	<i>71</i> <sup>Months</sup>	<i>71</i> <sup>Days</sup>
Sex	<i>Male</i>		Color or Race	<i>Caucasian</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>St. Marys Co. Md.</i>	
Where Residing if not at place of death	<i>Oakley</i>				
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Mary Louisa Matt</i>		
Father's Name	<i>James McWilliams</i>			Father's Birthplace	<i>St. Marys Co. Md.</i>
Mother's Maiden Name	<i>Emilie Alvey</i>			Mother's Birthplace	" "
Name of person giving information	<i>May Bowling</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Spinal Sclerosis - Tuberculosis</i>	How long	<i>Three years</i>
Immediate	<i>Congestion of Lungs</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Walter B. Dent</i>
		Address	<i>Oakley Md.</i>
Accident or Suicide?			



Name  
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Eugene Owens Ruark

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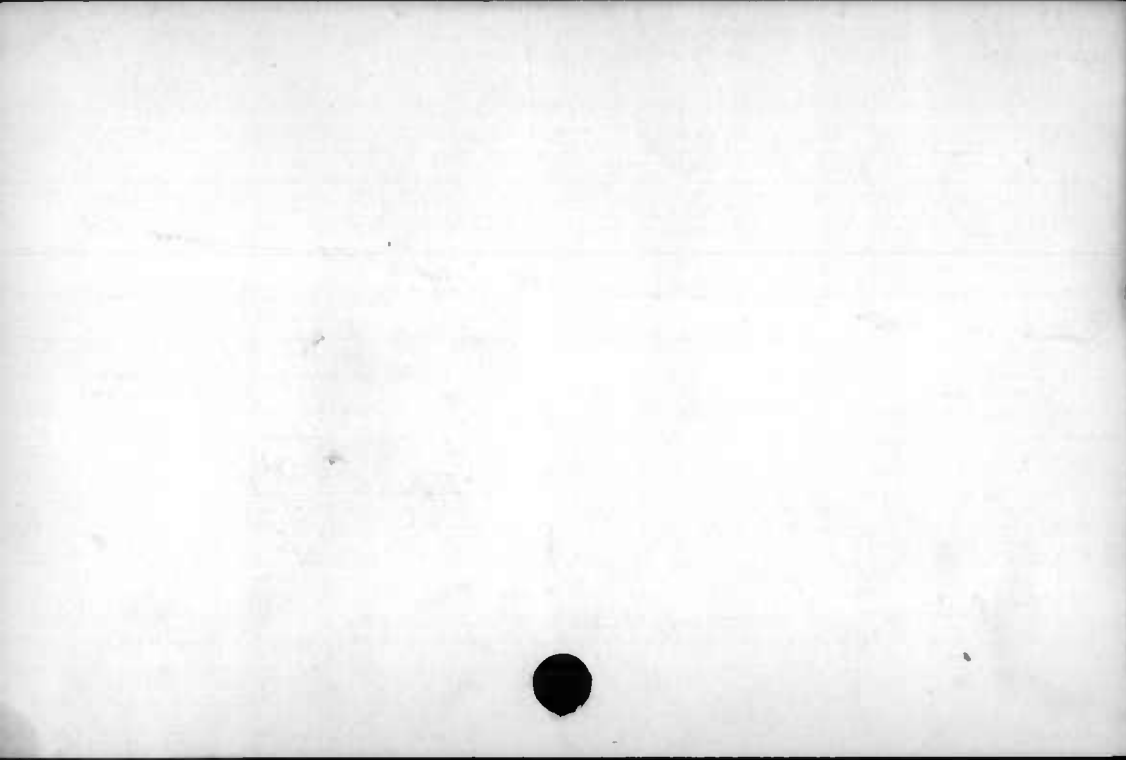
MARYLAND

Died at		Town		County	
Miles town		St. Mary's			
Date of death	1907	Month	May	Day	30
Age		Years		Months	
30		30		10	
Sex	Color or Race		Birth-place		
Female	White		Maryland		
Occupation	Where Residing if not at place of death				
Housekeeping	Miles town				
Married, Single or Widowed	Name of Wife or Husband				
Widow	Perry Ruark				
Father's Name	Father's Birthplace				
Charles Owens	Md				
Mother's Maiden Name	Mother's Birthplace				
Maria Long Owens	Md				
Name of person giving information	How related to deceased				
Douglas Owens	Brother				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	27	How long	4 yrs.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Walter B. Dent
		Address	Oakley, Md.
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name Julia Thompson Smith Town California County St. Marys

Died at California Date of death 1907 Month May Day 3d Age 24 Years Months Days

Sex Female Color or Race Colored Birth-place Maryland

Occupation Housewife Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Married Name or Wife or Husband Eddy Smith

Father's Name Peter W. Thompson Father's Birthplace Maryland

Mother's Maiden Name Maria Taylor Mother's Birthplace Maryland

Name of person giving information Joseph G. Thompson How related to deceased Brother

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Bright's Disease and Valvular Heart Disease  
and Cerebral Hemorrhage

Immediate

\*Are the name, age, sex, color, date and place correctly given above?

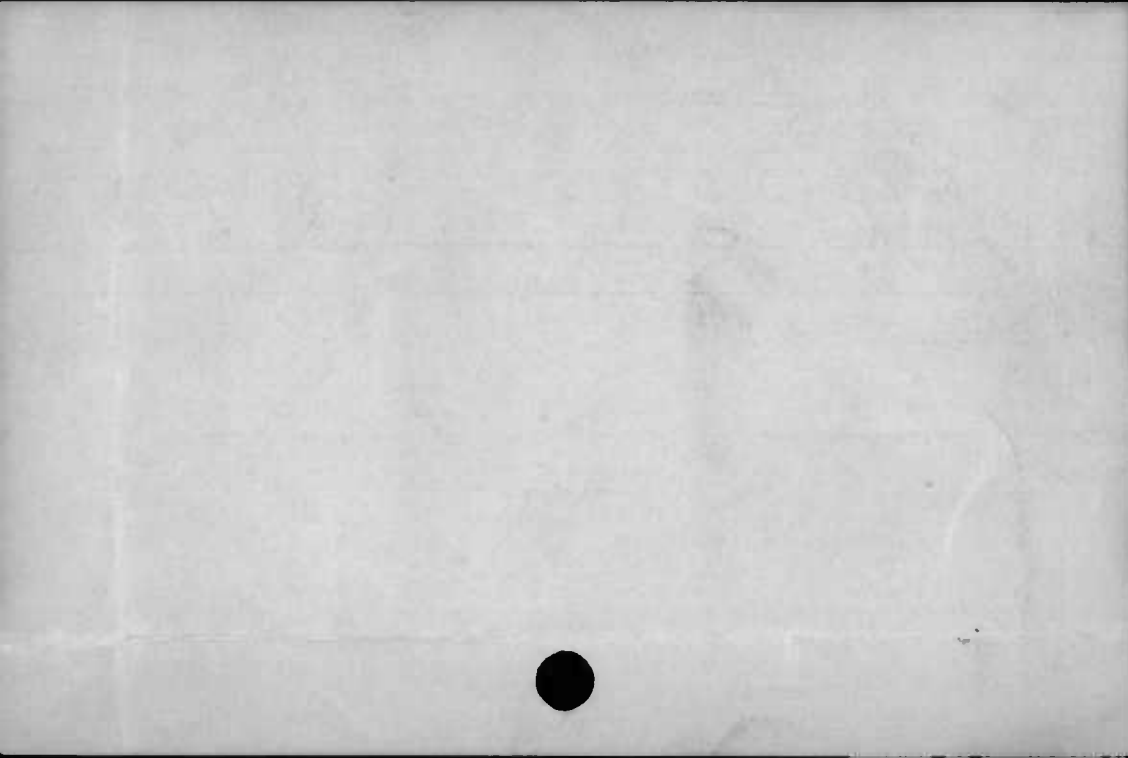
Yes

Signature of Physician

Address

A. L. Hodgdon, M.D.  
Pearson Post Office  
Maryland

Accident or Suicide?



Name  
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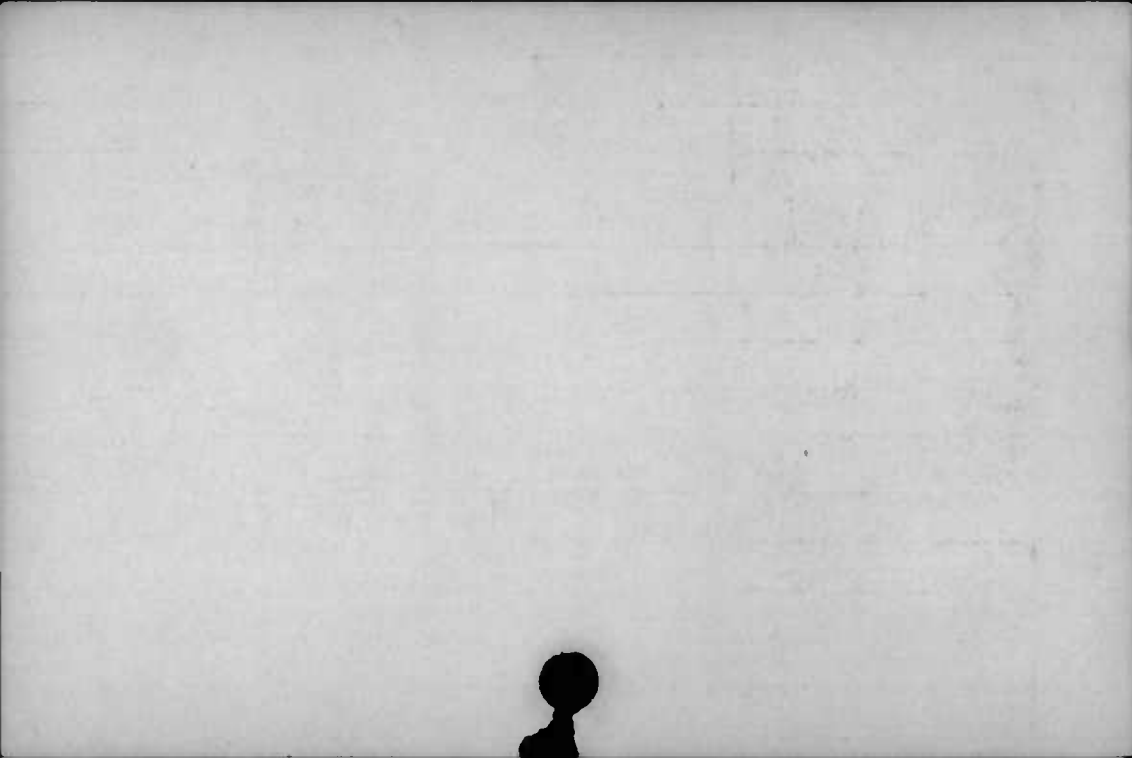
MARYLAND

Name *L. W. Turner*  
Died at *Morganza* Town *St Marys* County  
Date of death *1907* Month *May* Day *7* Age *5-1* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Ind.*  
Occupation *Blacksmith* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *—*  
Father's Name *Frank Turner* Father's Birthplace *Ind.*  
Mother's Maiden Name *W. H. Kinn* Mother's Birthplace *—*  
Name of person giving information *B. L. Kinn* How related to deceased *Nephew*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *apoplexy* *(64)* How long *One hour*  
Immediate *yes* How long *—*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *L. B. Johnson*  
Address *Morganza*  
Accident or Suicide? *—*



Name  
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Full

Jane Ellen Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1907	May	30	65		
Sex	Female	Color or Race	African	Birth-place	Maryland		
Occupation	Housekeeping			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Eben Green			Father's Birthplace		
Mother's Maiden Name		Mary Green			Mother's Birthplace		
Name of person giving information		Sarah Woodland			How related to deceased		
					Grand daughter		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	4 yrs
Immediate	Nausea	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter B. Dent	
Address		Oakley, Md	
Accident or Suicide?			

